

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS88AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/10/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROYAL HAVEN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1913 COLLINS AVENUE LAS VEGAS, NV 89106</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  This Statement of Deficiencies was generated as a result of the annual State Licensure survey conducted at your facility on December 9, 2008 through December 10, 2008.  The facility is licensed as six Residential Facility for Group beds for persons with Alzheimer's disease, Category II residents. Census at the time of the survey was three. Three resident files were reviewed and three employee files were reviewed.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  The following deficiencies were identified:	Y 000	<p><i>Acceptable POC 3/9/09 (PS)</i></p>	
Y 105 SS=D	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by: Based on record review on 12/10/08, the facility failed to provide background check results for 1 of 3 employees (Employee #2).</p> <p>Findings include:</p>	Y 105		<p><b>Y 105</b></p> <p>1. This is to inform that Employee #2 is no longer working for the facility as of December 20, 2009 and was unable to apply for Background Check.</p> <p>2. Administrator will regularly monitor all employee files and ensure that all documents are current and in compliance all requirements.</p> <p>3. 12/10/08</p> <p><b>RECEIVED</b> <b>MAR 09 2009</b> BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *L. A. Long* TITLE **ADMINISTRATOR** (X6) DATE **3/9/09**

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Y 105	Continued From page 1	Y 105		
Y 991 SS=F	<p>The file for Employee #2 did not contain a background check report from the Nevada Criminal Repository.</p> <p>Severity: 2 Scope: 1</p> <p>449.2756(1)(b) Alzheimer's Fac door alarm</p> <p>NAC 449.2756</p> <p>1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:</p> <p>(b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation on 12/10/08, the facility failed to ensure that 2 of 3 doors leading to the outside of the facility were equipped with audible alarms.</p> <p>Findings include:</p> <p>On 12/9/08, the facility door to the backyard and the dining room door to the outside of the facility were not equipped with audible alarms.</p> <p>Severity: 2 Scope: 3</p>	Y 991	<p><b>Y 991</b></p> <p><b>1. Audible Alarms were immediately installed at concerned areas.</b></p> <p><b>2. Administrator will regularly monitor and ensure that installed audible alarms are al fully operational at all times.</b></p> <p><b>3. 12/11/08</b></p>	
Y 999 SS=F	<p>449.2754(1)(g) Alzheimer's Facility</p> <p>NAC 449.2756</p>	Y 999		

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Y 999	<p>Continued From page 2</p> <p>1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation on 12/10/08, the facility failed to ensure that toxic substances were not accessible to residents.</p> <p>Findings include:</p> <p>On 12/9/08, the closet containing multiple bottles of cleansers, disinfectants, and window cleaners were not locked. A key was observed in the closet door lock throughout the survey.</p> <p>Severity: 2 Scope: 3</p>	Y 999	<p><b>Y 999</b></p> <p>1. Administrator immediately reiterated to all Employees that concerned closet be locked at all times, after when they get something from it and after returning the item.</p> <p>2. Administrator will regularly monitor if all storages with toxic materials are closed at all time and continue to remind employee to follow comply.</p> <p>3. 12/10/08</p>		

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